

ARKANSAS DEPARTMENT OF HEALTH  
 Child and Adolescent Health  
 School Scoliosis Screening Annual Summary Report Form

INSTRUCTIONS: Please mail this completed form to the Arkansas Department of Education, 2020 W. 3<sup>rd</sup> St., Suite 320, Little Rock, AR 72205

A. <b>STUDENTS</b>	<b>GRADE</b>					
	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
Females Eligible for Screening						
Males Eligible for Screening						
Females Screened						
Males Screened						
Females Referred to Physician						
Males Referred to Physician						
Females Seen by Physician						
Males Seen by Physician						
Females Diagnosed with Scoliosis						
Males Diagnosed with Scoliosis						
Females Treated for Scoliosis						
Males Treated for Scoliosis						
Females Diagnosed with Lordosis						
Males Diagnosed with Lordosis						
Females Diagnosed with Kyphosis						
Males Diagnosed with Kyphosis						
<p style="text-align: center;"><b>Instructions for Completing Form</b></p> <p>A. Students: Fill in the number of students in all the open blocks provided. Do not use shaded blocks.            If the number is "0", put "0" in the block.            If the block is not applicable, put "NA".</p> <p>B. Name: Write the name of the person completing the form</p> <p>C. Title: Refers to the position of the person completing the form.</p> <p>D. Mailing address: Give the complete mailing address.</p> <p>E. County: Self-explanatory</p> <p>F. School District: The name of the school District.</p> <p>G. Schools: List all schools. Use additional pages if necessary.</p>	<p style="text-align: center;"><b>Form Completed by:</b></p> <p>B. <b>Name:</b> _____</p> <p>C. <b>Title:</b> _____</p> <p>D. <b>Mailing Address:</b> _____            _____            _____</p> <p>E. <b>County:</b> _____</p> <p>F. <b>School District:</b> _____</p> <p>G. <b>Schools:</b> _____            _____</p> <p><b>DATE:</b> _____</p>					